

06/02/00
Jc831 U.S. PTO

Certificate of Mailing

Date of Deposit June 2, 2000

Label Number: EL509046785US

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Luis A. Cruz

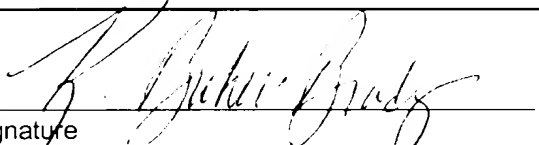
Printed name of person mailing correspondence

[Signature]
Signature of person mailing correspondence

Jc835 U.S. PTO
09/586937
06/02/00

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50154/003001
Applicant	Jeffrey A. Hubbell, Donald Elbert, Ronald Schoenmakers
Title	CONJUGATE ADDITION REACTIONS FOR THE CONTROLLED DELIVERY OF PHARMACEUTICALLY ACTIVE COMPOUNDS
PRIORITY INFORMATION:	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	152 pages
Claims	4 pages
Abstract	1 page
Drawings (informals)	17 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages
Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	0 pages

IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$345.00	\$345.00
Excess Claims Fee: $16 - 20 = 0 \times \$9.00$	\$0.00
Excess Independent Claims Fee: $4 - 3 = 1 \times \$39.00$	\$39.00
Multiple Dependent Claims Fee: \$130.00	\$0.00
Total Fees:	\$384.00
<input checked="" type="checkbox"/> Enclosed is a check for \$384.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
Signature 	Date 